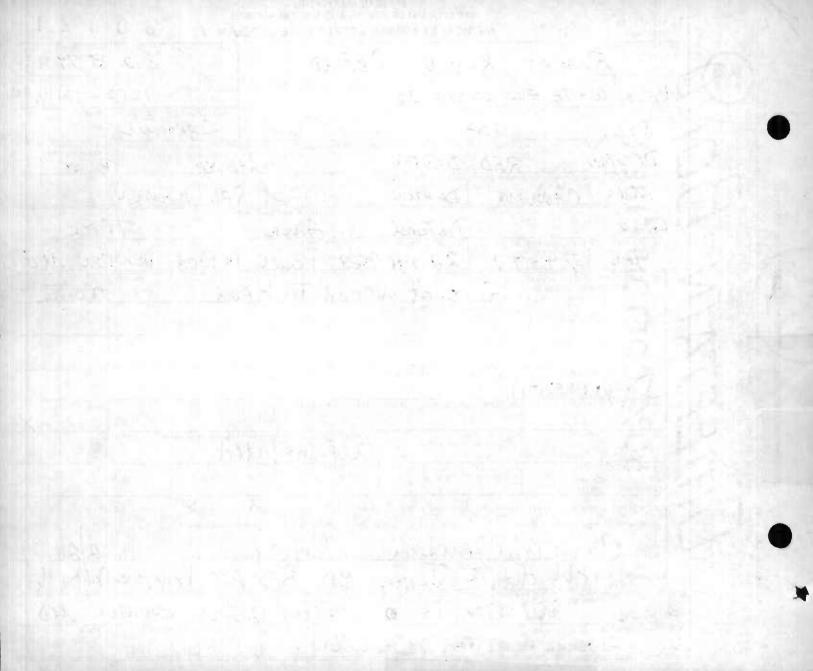
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN MONTH DAY TYPE OR PRINTS DEATH MATED XX 12 30 Roy Collins Edward 10 79 4 RACE & AGE (IN YEARS | IF UNDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 12:15 male white Dec. 15 1927 52 YRS DEAD 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED EOREIGN COUNTRY) Maryland Caroline County DIVORCED X ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 110 Chambers Federalsburg Machinist USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Maryland Federalsburg 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Caroline 110 Chambers Street YES X NO [WITH FORM PM 3. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Collins. Bradlev Bessie lán WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) no 215-20-4301 Wm. Collins Federalsburg. Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gastro-intestinal hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n. chronic alcoholism CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES T 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, EARM, ETC.) STREET CITY OR TOWN WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Inspection Homicide Undetermined monner TITLE (SPECIFY) PAGE 4 SHOTO PAGE 10 P Assistant MEDICAL EXAMINER 1/1/80 Hormez R. Guard, MD 111 Penn Street, Balto, MD 21201 TYPE OR PRINT! **ADDRESS** 230 BURIAL CREMATION REMOVAL 236 DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Md. BP **DHMH-17** VR A15 ME (5)) 15M 7/76

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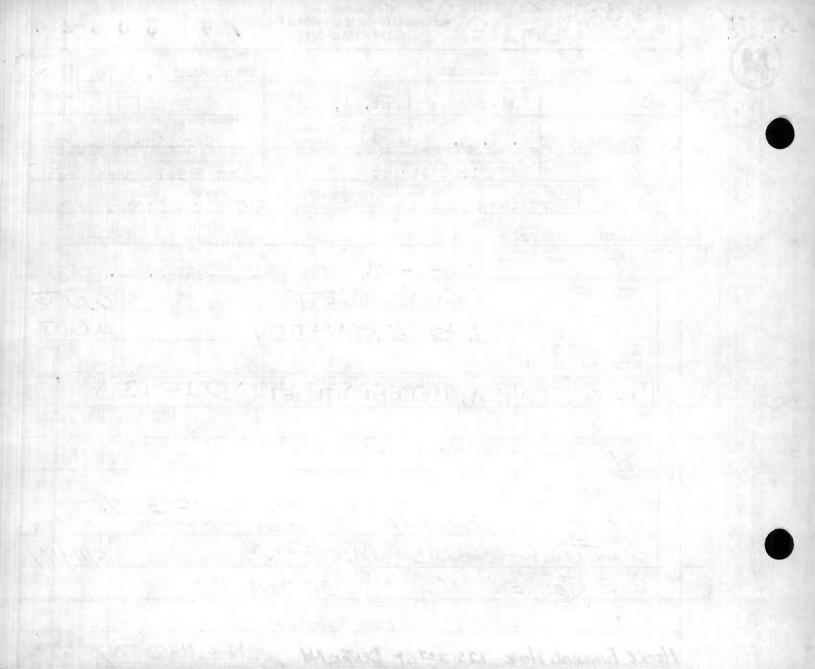
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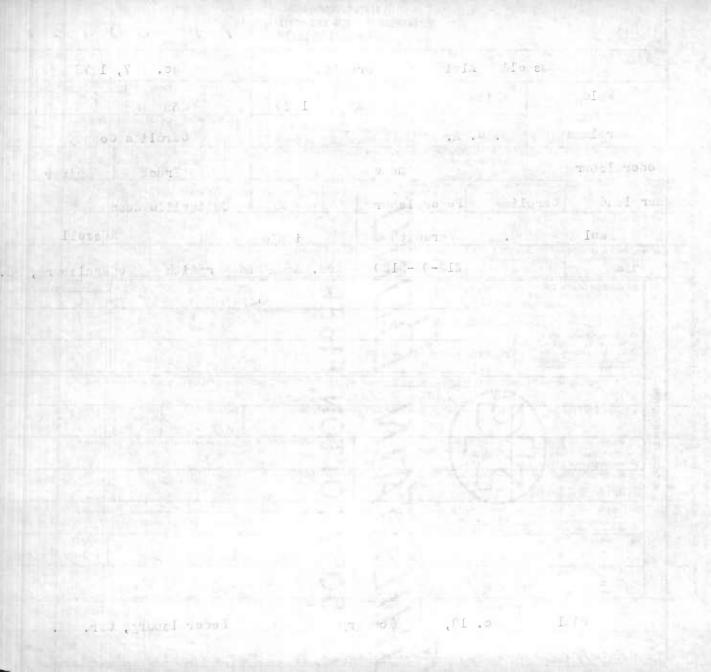
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATTIMORE, MARYLAND, 2		EXAMINER'S NAME hristian E. JENSEN MD ADDRESS BOX 690, Kerr Ave,	Dente	m M	D
Bb————————————————————————————————————	23a. E	URIAL CREMATION, REMOVAL 236. DATE 230. NAME OF CEMETERY, OR CREMATORY STATUTE OF COMPTENT OF CHARLES OF CRESTLAWN CEM. STATUTE MORE	COURAL	STA	MD.
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DIR Ched Dept		222 SIGNATURE -	Hensen	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGN
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TO FUNE should be with the Si		30 BURIAL CREMATION, REMOVA	12/9/79 (12/9/79)	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY



D	1,	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE y C -2	0 4 2 5
	2	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 0 4 7
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Page 4 may be director, page in aurs ofter deat	3. SE	Male	A RACE White	S. DATE OF BIRTH MONTH MAY 1920	6. AGE (IN YEARS LAST BIRTHDAY) 59 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
ter death. Page within 72 haurs fied at once.	70. BI	RTHPLACE STATE OR FOREIGN OUNTER Haryland	76 CITIZEN OF WHAT COUNTR U. S. A.	Y? 8. MARRIED MEVER MARRIED WIDOWED DIVORCED D	9 BALTIMORE CITY OR COUN Carolin	TY OF DEATH 6 County MD.
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN. The law requires that the death certificate be executed within 24 hours oftending physician. Ifter this certificate has been signed by the attending physician and campletely filled in by as the burial-transit permit. Then please remove carbonopapers, Pages 1 and 2 should be fill than Amental Hygiene prior to burial, cremation, or removal.	No	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF TO THE CONDITION OF THE CONDITIO		MINAL DISEASE OR CONDITION C	GIVEN IN PART 1(0)
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DIVISION DING PHYS or otherding After this or of the bur of the ord Me morked or it	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 211. LOCATION STREET	CITY OF TOWN	COUNTY STATE
2 2 4 m 2 6		sow the deceased alive on	ot) view the body ofter death.	, and that in (my) (our) opinion DEGREE	, to	, 19, that (1) (we) lost our and from the causes stated 22c. DATE SIGNED
TO HOSPITAL OR ATTEND retoined by the hospital of TO FUNERAL DIRECTOR: should be detoched for uss with the Stote Dept. of Hee IMPORTANT: If Hem 21 is r		7. YU 224 PHYSIGIAN'S NAME (TYPE OF	1 MCK TH	ATTENDING PHYSICIAN 22e ADDRESS M L F	MEDICAL STAFF DIRECTOR PHYSICIAN DEC	112-19-19
0 to 7 to 8	23a. (BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 23 Dec. 10,	NAME OF CEMETERY OR CREMATORY Bloomery	23d LOCATION CITY OR TOWN Federalsburg	county STATE
DHMH-16 60M 1/73 (VR A 15 (4))	24 E	UNERAL DIRECTOR NAME AND WILLE		25a. DA	TE REC'D. BY REGISTRAR 256. REG	STRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE. CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20. DATE OF DEATH 2b. HOUR 5,00 (Type or print) Wilher 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) MONTHS HOURS White Male March Zo. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Maryland DIVORCED WIDOWED [10. CITY OR TOWN OF DEATH be NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) death. during_most of working life, even if retired.) INDUSTRY roline Lawver Law 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER BALTIMORE, MARYLAND 13b. COUNTY Caroline arvland YES 😓 Denton Gav Street l and 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Last Middle Lost Harry Merriken Ella Corkran 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) Priscilla Merriken. Denton APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) 301 W. PRESTON STREET, PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Cachexia and weakness stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) DIVISION OF VITAL RECORDS, burial-transit permit. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) burial, OR CONTRIBUTING CAUSE OF DEATH HOUR A M Month Day Year (If either, natity medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from _19_78 and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased olive-oncauses stated above (1) (we) (did) (did not) view the bady after death. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING PHYS. 22d. PHYSICIAN'S 22e. ADDRESS TO FUNERAL shauld of Heal 23a BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) Lewes Susser Cape Henlopen OSb. REG STRAP S SIGNATURE DATE (VR A15 (4))

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				CERTIFIC	ATE OF DEAT	H / 9	3.0	0 4	8
4 24		ECEASED-NAME First	Middle		Lost	2a. DATE OF I	DEATH		2b. HOUR
death ngral and 7		Type ar print)	ton	P	41.44		Month Day	Yeor	5 A M
2- 5	3. 9		4. RACE	/	S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
E Se p	m	ale	caucasian		Mar. 19,	1903	last birthday)		HOURS MIN
3 4 5	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	18. MADDIED		9. COUNTY OF I			
# # # 35 # 100 35 # 100 35	COL	Waryland	U.S.	WIDOWED	NEVER MARRIED DIVORCED				
2 9 5 5		CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL O	R INSTITUTION (If n	at in hospital 12a 1	ISUAL OCCUPATION (line	12b. KIND OF B	Md.
within bon poly fille		Denton	give street address) Co.	roline Nu	os og during	mast of warking li installe	fe, even if retired.)	INDUSTRY	
d w	130	USUAL RESIDENCE (Where deceos	sed lived, if institution: Residence be	fore 13c. CITY OR	TOWN 13d. INSIDE C	Installe	er-tech. EET AND NUMBER	telep	hone_
completely ove carbon y event, win	adn	Maryland	13b Caroline		ston YES			Da 40E	er:
and com	-	FATHER'S NAME First	Middle Lo		. MOTHER'S MAIDEN NAM	II.	Middle	Box 185	Lost
and a remo			Patchett	1,			middle		rost
rtificate b physician en please oval, and j	160	WAS DECEASED EVER IN U.S. ARM		RITY NO. 117 1	Annie L	есощрие	Address		
ifico al,		'es, no, or unknown) (if yes give w	var or dates of service)		Marjorie	A Dotal			42
th certification phy removal		18. CAUSE OF DEATH (Enter only			Marlotte	a. Pater	lett s	see ite	III 3
年 岩 き		PART I. DEATH WAS CAUSED	DBY: DAGO 1140	A 2000 A 200	\			BETWEEN ONS	ET AND DEATH
attend attend sermit.)	4-81 - IMMEDIA	ATE CAUSE (A)	norwe				acu	Le_
t the a sit pe nation	1	Conditions, if ony, which gove)	DUE TO, OR AS A CONSEQUENCE	0 100	action			Cha	wi.
that an. by th ransit		rise ta immediate cause (a),	DUE TO OR AS A CONSEQUENCE	SCEL	ULIFEL	0		COOL	one
d b		stating the underlying cause	LO AS A CONSEQUENCE	101					
equires physicic signed burial-ti			(c) IDITIONS CONTRIBUTING TO DEATH BU	IT NOT DELATED TO	THE TENNINAL DISEASE (OR CONDITION CHEM	IN DADY 1/)		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physician and comple le 3 should be detached for use as the burial-transit permit. Then please remove can ed with the State Dept. af Health priar to burial, cremation, ar removal, and lagany event	1	AZOTEMI	A (Prohma	MAIN	O PINT	OKCONDITION GIVEN	IN PAKI I(0)		
law rending been s the iartal	TION	19a. DATE OF OPERATION 19b. (CONDITION FOR WHICH OPERATION WA	SPEREORMED	20a. AUTOPSY?	120h IE V	ES, WERE FINDINGS CO	ONCIDENCED IN CER	TIEVING
The after has se as	CERTIFICATION		CONDITION FOR WHICH OF EXAMINE THE	3 I LKI OKMILD	YES NO	CALISES	ES, WERE FINDINGS CO OF DEATH?	JUSINEKEN IN CEK	IIFYING
ar o re	CERT	21a. ACCIDENT WAS UNDERLYING	G 21b. TIME OF INJURY	21c HC	OW INJURY OCCURRED (E	hand .	in Book 1 on Book 2 1	10)	
A Figure 14	3	OR CONTRIBUTING CAUSE OF DEATH	H HOUR A.M. Month Day Y	'eor	M HOOK! OCCORNED (E	mer nature at injury	in ran 1 of ron 2, 1	rem IB.)	
rspi ospi cert hed hed	MEDICAL	(If either, natify medical examin 21d, INJURY OCCURRED 21e.		T. FACTORY 1 215 10	CATION Street or D.C.D.	No. City	Т	C= -1	- Ci
PH' his his Dep		While Not while	OFFICE BUILDING, ETC.	211. 10	CATION Street or R.F.D.	No. City of	r Town	County	State
N Y the er the determinate		220 certify that (1) (thi	s haspital) attended/the dece	acad from	218- 10	78 10 1	7 / 10	79 16	7
d b d b e St e St		saw the deceased al	ive on	_19_7, and	that in (my) (our)	ppinian death or	curred on the dot	to and house	l) (we) last
OR: Out			(I) (we) (did) (did not) view t	he bady after d	leath.	- P	con ed on mic doi	e unu nour-un	d Hulli lile
R A reto		225/SIGNOTURE	MADEL	110	ATTENDING 🗽	MED.	22c. D	DATE SIGNED	
OR be re Boll Berge 3 Ged w		CHAN	now !	DEGR!	EE PHYS.	DIRECTOR -	STAFF PHYS. D	41311	9
nay NAL Pa		22d. PHYSICIAN NAME (Type)	TENTH	110	22e ADOPESS	TON	CAN	1/201	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the burial-transit permit. Then poshauld be filed with the State Dept. of Health prior to burial, cremation, ar removal.	-	0,0	, OCIOS CIO	NU	11/	10111	ハンノ	04	
Age Age FU lired	230.	BURIAL, CREMATION, 23b. D REMOVAL (Specify) 12-		OF CEMETERY OR		23d. LOCATION		(County)	(Stote)
07 07 0					CEme tery	Prest	on, Caro	line,	Md.
VR A15 (4) 45M - 1/69	24.	FUNERAL DIRECTOR Newnam Funer	ADDA Fa	ston, I	ura	D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
45M - 1/69	X	Children I dife!	at nome pa	P OOTT	VICE DATE	1 8 1979	Jan 1		

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	1				STATI	OF MARYLAND				
	1	FOR - STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 7 9 REG. N	3 (3 8	29
		CEASED NAME FIRST		MIDDLE	L	AST	26. DATE OF DEATH		AY YEAR	26 HOUR 5
	[TYP	EMMA	EUNICE	WARNE	?		Decembe	er 24,	1979	9:P. M
	3 SE	X	4 RACE		5. DATE C		6. AGE IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
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ee.	7a B	IRTHPLACE ISTATE OF FOREIGN		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
33		laryland	U.S.	1 1 12 12 15 15	WIDOWE	DE DIVORCED	Carolir	1e		MD.
Notified (VC)	- 1	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN CHEACILITY, GIVE STREET #1. BOX		R OTHER INSTITUTION	170 USUAL OCCUPATION OF OF WORK FOR MOST OF MOST OF WORK FOR MOST OF THE PROPERTY OF THE PROPE	ON OF WORKING LIFE	126. KIND O INDUSTRY	F BUSINESS OR
ust be	135		e or other institution DUNTY	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	R D #1	Box 9	20	
E)		ryland Ca	rrorrue	maryue.		YES NO NO NA		DOX 3	13	
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medical		WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRI			_
		10	OTTE WAR ON DATES	218-20	-3360	Kenneth G.	 McLaughl 	lin	Liltl	e Rock,
t, the		IB CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse pe	r line for (o), (b), on	d (c1.)	THE STATE OF THE S			BETWEEN	MATE INTERVAL ONSET AND DEATH
removal.			DIATE CAUSE (a)	ROBANCE	11	NEumonia				
otic c		1629	DUE TO, C	R AS A CONSEQUE	NCE OF		/			
er troumatic		Conditions, if ony, which			C	HARINOUN C	of heaven			
÷ 0		gove rise to immediate couse (a), stating the underlying couse lost	1	RAS A CONSEQUE	NCE OF	C. to	BMAIN			
injury, or	z	PART 2. OTHER SIGNIFICAT	NT CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART 110	01
ony inj	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?	1206. IF YES.	WERE FINDIN	NGS USED
ows only	IFF						YES T NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
18 sho	1 8	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR		_		
Hem 7		OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH D	AY YEAR					
ked or frem	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION				
pe	M	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOV	VN	COUNTY	STATE
is mor		220.1 certify that (I) (this he	ospitol) attended th	ne deceosed from_		, 19	, to	1	9	that (I) (we) last
21 is		sow the deceased alive above, (1) (we) (did) (did	onthe had	19	or	d that in (my) (our) opinion	deoth occurred on the d	ote and hour	ond from the	couses stated
#e B		The Victorian Control	S HOT WITH BOOK	Offer deolis.		DEGREE			22c. DATE	SIGNED
Name		INVA W	COBL	7	h	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FF CIAN []		
Z	1	PHYSICIAN'S NAME IT	PE OR PRINT)			22e. ADDRESS				
MPORTANT		Patrick	A. Molo	ny, M.D		Cheste	rtown, Md	. 216	20	
. ≤		BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
_		urial	112-28	3-1979 W	indy	Hill	Trappe,	Talb		D. W. 1970.00
/77	24 F	Newnam Fune	mol Hom	ADDRESS	aton	Ma. ZJAN	E RECO. BUREGISTRAR	256. REGISTR	AR'S SIGNAT	URE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE **EOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT HARLES DECEASED-NAME 20. DATE KNOWN Month (Type or Print) ESTI-WILSON DEATH MATED AGE (In years IF UNDER 24 HRS S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD Year 66 YRS MARRIED TIMEYER MARRIED 9. COUNTY OF DEATH CAROLINE alang DIVORCED [WIDOWED [O. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) FEDERALSBURG with 4 ORSES 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY CAROLINE FEDERALSBURG odmission) STATE FEDERALSBURG MANOR APTS. pending in pe YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME UNKNOWN WILSON UNKNOWN Medical FEDERALS BURY-MANOR APT.S 16b. SOCIAL SECURITY NO. (Yes, no. or unknown) FEDERALSBURG, Md. IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY any IMMEDIATE CAUSE (o) Pulmonary Edema Acute Due to chrinic per congestiverarte mosclerotic cardiovascular pup Conditions, if ony, which gove VIS rise to immediate couse (a). farworded DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Coronary Artery Sclerosis e Angina yrs PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? cremati WAS PERFORMED? YES 🗀 NO A 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) PRIMARY OR CONTRIBUTING HOUR A.M. 0 MEDICAL CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection X Inquiry X and in my apinian Natural causes death resulted from: Accident Suicide Hamicide Undetermined manner Hygi DIRECTOR CHIEF MEDICAL EXAMINER Mental 22b. DATE SIGNED DEPUTY MEDICAL EXAMINER B.Plummer M.D. EXAMINER'S Harold ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) DENTON CEMETERY
ADDRESS 250. MO ENTON CAROLINE **EUNERAL DIRECTO** 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE lolph P. MOORE DEWTON, Md. (VR A15ME (5))

STATE OF MARYLAND

